MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11470

CERTIFICATE OF DEATH

Reg. Dist. No. 26-5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Somerset MARYLAND; CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural (Crisfield); LENGTH OF STAY (in this place) all life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (Crisfield); STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) Aaron (Middle) Thomas (Last) Evans

4. DATE OF DEATH: (Month) Nov. (Day) 17 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED.~~ (Specify):

8. DATE OF BIRTH: July 17, 1868

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Waterman

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leonard Evans

14. MOTHER'S MAIDEN NAME: Margaret Bradshaw (daughter)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) no

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs. Arthur Somers, Ewell, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

181X

Immediate cause (a) Hemorrhage - carcinoma of liver — Interval between Onset and Death: 4 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Adeno-carcinoma of bladder — 14 months

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct., 1953, to Nov., 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 7.40 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Barbara Hearst M.D. Ewell Md. 11/19/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 11-20-53 — NAME OF CEMETERY OR CREMATORY Ewell Cemetery — LOCATION (City, town, or county) (State) Ewell, Md.

DATE REC'D BY LOCAL REG. 11-20-53 — REGISTRAR'S SIGNATURE Betty W. Tyler — 24. FUNERAL DIRECTOR — ADDRESS Bradshaw Funeral Parlors - Crisfield, Md

AIb 8-51

RECEIVED
NOV 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11471

Reg. Dist. No. 260

1. PLACE OF DEATH: COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmount
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll ~~Caroline~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg 06X-2
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Philena (Middle) Tracey (Last) Fenby
4. DATE OF DEATH (Month) Nov. (Day) 4 (Year) 1953
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan. 8, 1866
9. AGE last birthday 87 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James Tracey
14. MOTHER'S MAIDEN NAME Jane Wheeler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Rev. Melvin Kay - Fairmount, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause 331X	(a) Cardiac Failure	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemmorrhage.	2 weeks
	(c) Hypertension, Senility	5 years.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Nov 4, 1953, that I last saw the deceased alive on Oct 24, 1953, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE B. Frank Gigante MD. (Degree or title) ADDRESS Princess Anne DATE SIGNED md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-[illegible]-53
NAME OF CEMETERY OR CREMATORY Finksburg Cemetery
LOCATION (City, town, or county) Finksburg, (State) md.
DATE REC'D BY LOCAL REG. 11/4/53
REGISTRAR'S SIGNATURE R. H. Johnson, M.D. JT
24. FUNERAL DIRECTOR Levin B. Wilson ADDRESS Princess Anne, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. Add.

RECEIVED
NOV 9 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11472

CERTIFICATE OF DEATH

Reg. Dist. No. 26.5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crisfield
STREET ADDRESS (If rural give location) 709 Broadway

3. NAME OF DECEASED: (Type or Print) (First) MARY (Middle) ELIZABETH (Last) JONES

4. DATE OF DEATH: (Month) November (Day) 7, (Year) 19 53

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Aug. 21, 1907

9. AGE last birthday: 46 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George H. Jones

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 216-09-3570

17. INFORMANT & ADDRESS: 709 Broadway Mrs. Lillie Dennis—Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/24, 19 53, to Nov. 6, 19 53, that I last saw the deceased alive on 11/6, 19 53, and that death occurred at 3:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert F. Lewis M.D. ADDRESS Crisfield Md. DATE SIGNED 11/9/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. 10, 1953 | NAME OF CEMETERY OR CREMATORY Lawsonia Cemetery | LOCATION (City, town, or county) (State) Crisfield, Md.

DATE REC'D BY LOCAL REGISTRAR 11/9/53 | REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR ADDRESS Bradshaw Funeral Parlors—Crisfield, Md.

VS. 418

RECEIVED
NOV 12 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11473

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 260

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole — LENGTH OF STAY (in this place) 61 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oriole X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Samuel (Middle) Thomas (Last) Jones
4. DATE OF DEATH: (Month) November (Day) 11, (Year) 1953
5. SEX: male
6. COLOR OR RACE: colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 6/17/1892
9. AGE last birthday: 61 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Oriole, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Henry Jones
14. MOTHER'S MAIDEN NAME: Eliza Jones
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-32-7662
17. INFORMANT AND ADDRESS: Dola Jones - Oriole, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acut, Coronary Heart disease — none

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) R A Queen M.D. — ADDRESS Princess Anne — DATE SIGNED 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-15-53 — NAME OF CEMETERY OR CREMATORY L F James — LOCATION (City, town, or county) Oriole — (State) Md

DATE REC'D BY LOCAL REG. 11/13/53 — REGISTRAR'S SIGNATURE R. E. Johnson, M.D. — 24. FUNERAL DIRECTOR William H James Jr Funeral Dir — ADDRESS Md

GT

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NOV 17 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11474

CERTIFICATE OF DEATH

Reg. Dist. No. 261

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station
LENGTH OF STAY (in this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marion Station, X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) Wesley (Last) Miles

4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1953

5. SEX: M

6. COLOR OR RACE: Col.

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify): Married

8. DATE OF BIRTH: April 15, 1885

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Seafood Work

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Marion Sta., Som. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Wesley Miles Sr.

14. MOTHER'S MAIDEN NAME: Martha Anna Cottman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No. 3

16. SOCIAL SECURITY NO.: 160-09-3767

17. INFORMANT & ADDRESS: Viola Miles - Marion Sta., Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Disease since Sept. 2 - DUE TO — Interval Between Onset And Death: 3 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Chronic Myocarditis & Chronic DUE TO
(c) Nephritis - attended since Sept 2-1953.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sep. 2, 1953, to Nov. 16, 1953, that I last saw the deceased alive on Nov. 16, 1953, and that death occurred at 5:30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Cullum M.D. ADDRESS Marion Sta. Md. DATE SIGNED Nov. 18, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Nov 20-53

NAME OF CEMETERY OR CREMATORY Woods Cemetery

LOCATION (City, town, or county) (State) Marion Somerset Co Md

DATE REC'D BY LOCAL REGISTRAR Nov. 18, 1953

REGISTRAR'S SIGNATURE Nellie D. Payne

24. FUNERAL DIRECTOR Charles H. Ward Sr. ADDRESS Marion Sta., Md. Box 235.

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 175

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona Md
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died at Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (First) JOHN (Middle) R. (Last) PARKINSON
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 14-1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seaford.
10b. KIND OF BUSINESS OR INDUSTRY: Oyster & Crab
11. BIRTHPLACE (State or foreign country): Wenona Md
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John T. PARKINSON
14. MOTHER'S MAIDEN NAME: EMILY ABBOTT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT & ADDRESS: Beulah Parkinson - Wife Wenona Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 Years
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1953, to Nov 26, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 10:00 p.m., from the causes and on the date stated above.
SIGNATURE Elton G. Marshman (DEGREE OR TITLE) ADDRESS Princess Anne Md. DATE SIGNED 11-28-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 29. 53
NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery
LOCATION (City, town, or county) Wenona (State) Md
DATE REC'D BY LOCAL REG. 12/3/53
REGISTRAR'S SIGNATURE Lola J. Whedley
24. FUNERAL DIRECTOR L. Webster ADDRESS Deal Island Md

VS-115. 8-51

RECEIVED
IN
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

1176

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 760

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Somerset — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chance — LENGTH OF STAY (In this place) 6 years	CITY (If outside corporate limits, write RURAL and gives nearest town) OR TOWN Chance
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ilmer	J.	Price	NOV.	12	19 53

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	Married	Feb. [illegible], 1887	66 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Carpenter	Carpenter	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jerome Price	Cassandra Hickman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	22[illegible]-3[illegible]-1[illegible]2	Mrs. Ilmer J. Price Chance, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420:1 Immediate cause	(a) Acute Coronary Occlusion	None
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fell dead about 9:45 A.M.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
X		

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. B. Johnson M.D. (Degree or title) Assistant Medical Examiner ADDRESS Princess Anne, Md. DATE SIGNED Nov 13-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-15-53	Chance Cemetery	Chance, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/13/53	R. B. Johnson, M.D.	Levin R. Wilson	Princess Anne, Maryland

RECEIVED
NOV 1[illegible]
UREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11477

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS McCready Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Marion Station
STREET ADDRESS (If rural give location) Marion Station

3. NAME OF DECEASED: (Type or Print) (First) Edwin (Middle) A. (Last) Robinson

4. DATE OF DEATH: (Month) November (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: June 23, 1891
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months 4 Days 26 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cashier
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Marion Station, Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: T. Edwin Robinson
14. MOTHER'S MAIDEN NAME: May Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW 1
16. SOCIAL SECURITY No.: 214-16-4595
17. INFORMANT & ADDRESS: Norman Whittington, Marion Station, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4201

Immediate cause (a) Coronary Condition with pulmonary infarction — Interval Between Onset And Death (In attendance 4½ mos.)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Myocarditis & Nephritis — "

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1953, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 19, 1953, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gussy C. Wallace M.D. ADDRESS Marion Sta. Md. DATE SIGNED Nov. 20, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 21, 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery
LOCATION (City, town, or county) (State) Marion Station, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE Nellie D. Payne
24. FUNERAL DIRECTOR Durward Q. Covington, Crisfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1478

CERTIFICATE OF DEATH

Reg. Dist. No. 265

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH:
COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Crisfield
LENGTH OF STAY (in this place): 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Crisfield Wharf--Main St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Tylerton
STREET ADDRESS (If rural give location): Smith Island

3. NAME OF DECEASED: (Type or Print) (First) EDWIN (Middle) CHARLES (Last) SMITH, SR.

4. DATE OF DEATH: (Month) November (Day) 10 (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: December 9, 1898

9. AGE last birthday: 54 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: waterman

10b. KIND OF BUSINESS OR INDUSTRY: Seafood Industry

11. BIRTHPLACE (State or foreign country): Tylerton-Smith Island-Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Smith

14. MOTHER'S MAIDEN NAME: Virgnina Marshall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no
(If Yes, give war or dates of service): --

16. SOCIAL SECURITY NO.: --

17. INFORMANT & ADDRESS: Mrs. Annie Smith-- Tylerton Smith Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) Hemorrhage Crushed Chest - Shock

Antecedent causes (b) DUE TO: See Report autopsy made by W. Scott Coulbourn, Marion Md

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (c) DUE TO:

II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.): Reported to Dr Fisher Mesitite Key (Chief)

19a. DATE OF OPERATION: No

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes X No

21. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident — PLACE (Home, farm, factory, street, office bldg., etc.): Motor Boat — (CITY OR TOWN): Crisfield — (COUNTY): Somerset — (STATE): Md

TIME (Month) (Day) (Year) (Hour) OF INJURY: 11. 10 1953 m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? It is in Motor Boat Accident

22. I hereby certify that I attended the deceased from ..... 19 .. to ..... , 19 .. that I last saw the deceased alive on ....., 19 .., and that death occurred at ..... (Degree or title), from the causes and on the date stated above.

SIGNATURE: Kenneth Coulbourn M.D. — ADDRESS: Crisfield Md — DATE SIGNED: 11-13-53

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: Nov. 13,1953 — NAME OF CEMETERY OR CREMATORY: Tylerton Cemetery — LOCATION (City, town, or county) (State): Tylerton-Smith Island-Md.

DATE REC'D BY LOCAL REGISTRAR: 11/13/53 — REGISTRAR'S SIGNATURE: Betty W. Tyler

24. FUNERAL DIRECTOR — ADDRESS: Bradshaw Funeral Parlors--Crisfield, Md.

William Coulbourn M.D. COUNTY MEDICAL EXAMINER SOMERSET COUNTY

VS.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1179

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Crisfield
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jones Creek.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Somerset
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Crisfield
STREET ADDRESS (If rural give location) Jones Creek.

3. NAME OF DECEASED: (Type or Print) (First) Harman (Middle) H. (Last) Walston
4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1953

5. SEX: male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widower
8. DATE OF BIRTH: Dec. 25, 1888
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months 10 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman
10b. KIND OF BUSINESS OR INDUSTRY: Seafood fisher
11. BIRTHPLACE (State or foreign country): Crisfield, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Walston
14. MOTHER'S MAIDEN NAME: Elizabeth Tyler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Roy Walston, Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Disease
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteria Sclerosis
DUE TO
(c)

Interval Between Onset And Death

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Natural Cause

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION No
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR 30 ET COUNTY, MD.

22. I hereby certify that I attended the deceased from , 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at , from the causes and on the date stated above.
Dead when I saw him
SIGNATURE (Degree or title) Wm H Coulbourn M D
ADDRESS Crisfield Md
DATE SIGNED Nov 18/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY St. Peter's Cem.
LOCATION (City, town, or county) (State) Crisfield, Md.
DATE REC'D BY LOCAL REGISTRAR 11/18/53
REGISTRAR'S SIGNATURE Betty W. Tyler
24. FUNERAL DIRECTOR Howard J. Covington
ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:
COUNTY Somerset MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS Jacksonville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland Somerset COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crisfield
STREET ADDRESS (If rural give location) Jacksonville Rd.

3. NAME OF DECEASED: (Type or Print) (First) WESLEY (Middle) A. (Last) WARD

4. DATE OF DEATH: (Month) November (Day) 12, (Year) 19 53

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: May 4, 1892

9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) broker

10b. KIND OF BUSINESS OR INDUSTRY: Real Estate

11 BIRTHPLACE (State or foreign country): Crisfield, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes ✓ (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: ---

17. INFORMANT & ADDRESS: Reginald Cullen-- Jacksonville Rd. Crisfield, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Coronary Disease

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arterio Sclerosis

DUE TO

(c)

William H. Coulbourn, M. D.
DEPUTY MEDICAL EXAMINER
FOR SOMERSET COUNTY, MD.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ✓

19a. DATE OF OPERATION: no

19b. MAJOR FINDINGS OF OPERATION no

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) no

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) no

(CITY OR TOWN) no (COUNTY) no (STATE) no

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ no

HOW DID INJURY OCCUR? no

22. I hereby certify that I attended the deceased from 19.. , to .. , 19 , that I last saw the deceased alive on Prod When I saw him 19.. , and that death occurred at , from the causes and on the date stated above.

SIGNATURE (Degree or title) Wm H Coulbourn M D ADDRESS Crisfield Md DATE SIGNED 11-14-53

23. BURIAL, CREMATION, REMOVAL (Specify) burial

DATE THEREOF Nov. 15, 1953

NAME OF CEMETERY OR CREMATORY American Legion Cemetery

LOCATION (City, town, or county) Crisfield, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11/14/53

REGISTRAR'S SIGNATURE Betty W. Tyler

24. FUNERAL DIRECTOR Bradshaw Funeral Parlors, ADDRESS Crisfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11481

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona rd — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Died at home.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Somerset
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wenona
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) BRIDGET (Middle) (Last) WEBSTER

4. DATE OF DEATH: (Month) NOV. (Day) 25 (Year) 1953

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: Aug-7-1887 | 9. AGE last birthday: 66 yrs. | If under 1 year: Months 3, Days 18 | If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper — 10b. KIND OF BUSINESS OR INDUSTRY: Cook — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: WILLIAM LAWES — 14. MOTHER'S MAIDEN NAME: SARA ROBINSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — 16. SOCIAL SECURITY NO.: NONE — 17. INFORMANT AND ADDRESS: Tonzie Horseman - daughter Wenona Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary edema — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial degeneration — ?

(c) arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — 2 yrs + ?

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1953 to 11-25, 1953, that I last saw the deceased alive on 3-7, 1953, and that death occurred at 5 15 P m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Leo M Hamm M.D. — Princess Anne Md. — 11-28-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov-29-53 — NAME OF CEMETERY OR CREMATORY: St. Pauls Cemetery — LOCATION (City, town, or county): Wenona — (State): Md

DATE REC'D BY LOCAL REG. 12/3/53 — REGISTRAR'S SIGNATURE: Lola L. Whatley

24. FUNERAL DIRECTOR — ADDRESS: E G Webster - Dal Island Md.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH — COUNTY: Somerset — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. Somerset — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Deal Island
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) BESSIE (Middle) (Last) WINDSOR
4. DATE OF DEATH: (Month) NOV (Day) 2 (Year) 1953
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Dec 22-1881
9. AGE last birthday: 71 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Deal Island Md
12. CITIZEN OF WHAT COUNTRY: U.S.
13. FATHER'S NAME: James Gillis Webster
14. MOTHER'S MAIDEN NAME: Eleanora Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Evelyn Benton daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

4221

Immediate cause (a) Pulmonary edema — 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) myocardial degeneration — ? years

(c) atherosclerosis — ? years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. obesity

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 2, 1953, to Nov 2, 1953 that I last saw the deceased alive on Nov 2, 1953, and that death occurred at 11 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George M Lhlinn MD Princess Anne Md Nov 6, 1953

23. BURIAL CREMATION REMOVAL (Specify): Burial — DATE THEREOF: Nov-4-53 — NAME OF CEMETERY OR CREMATORY: St. Johns M. B. — LOCATION (City, town, or county) (State): Deal Island Md
DATE REC'D BY LOCAL REG.: 11/12/53 — REGISTRAR'S SIGNATURE: Lola J. Whalley
24. FUNERAL DIRECTOR: L M Webster — ADDRESS: Deal Island Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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